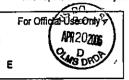


U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

Name and address of person filing Name Robert State State		01 /01/05 Through 12/31/05				
Labor Organization File Number	3 Name and address of person filing	4 Name file number and address of labor organization				
PO Box Bilding and Room Number if any Street 1/04/49 3474 30 Street 24/15 Westima duranted City 5-attle Way 98/2/ State Washing too: ZIP Code + 4 98/4/6 State Washing too: ZIP Code + 4 98/2/ 5 Position in labor organization Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 8 Name and address of Employer (including trade name if any) Name Trade Name if any PO Box Bildg Room No if any Street City State Signature	Name Robert Scott	Name Shipure of the Union Joe 1#1184				
Street 707/19 347 300 Street 24/15 Western Greener City Seattly Way 98/2/ State Washing to 2IP Code + 4 98/4/ State Washing to 2IP Code + 4 98/4/ State Washing to 2IP Code + 4 98/2/ 5 Position in labor organization Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 5 Name and address of Employer (including trade name if any) Name Trade Name if any PO Box Bidg Room No if any Street City State Signature Signa		Labor Organization File Number 047797				
City Seattle Way 18/2/ State Way hungton ZIP Code + 4 98/9/6 State Was hung ton ZIP Code + 4 98/2/ 5 Position in labor organization Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. Room No. if any Street City State Signature Round verification. The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the	PO Box Bldg Room No if any	P O Box Building and Room Number if any				
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Signature Role //) 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the	City	the fire speed administration and baseline and parameter and parameter and				
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submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the	Signature Robert 11) Section					
	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the					
Signed Robert 111 Seat On 3/30/06 206-441-8266	Signed Robert 111 Seath	on 3/36/06 706-44/-8766				



Name of Person Filing	Robert III	Scott	File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any)	9 Business deals with					
Name	~ ~					
Trade Name if any:	a Labor Organization					
PO Box Bidg Room No if any	b Trust					
Streeti	c Employer					
Crity						
State ZIP Code + 4						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing					
Name						
Trade Name If any						
PO Box Bidg Room No if any						
Street	11 b Approximate dollar value of such dealing					
City	12 a Nature of interest held or income received					
State ZIP Code + 4						
	12 b Amount					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)	14 a Nature of payment					
Name Pacific Coast Shipipers Mital Tris	Thats meals and					
Trade Name if any	+ Thate stays					
PO Box Bldg Room No If any	[]					
street 5 Thurs Street Suits \$ 525						
City Son Francisco						
State Colefornic ZIP Code + 4 98/03-370	Z					
13 b Is the Business an Employer or Consultant X ?	14 b Amount of payment Yole 490 45					

IBEW

Bob Scott Expenses Paid by Pacific Coast Shipyards Metal Trades Trust in 2005

Expenses Reimbursed	Payment Date	4	mount	<u>Total</u>
Reno	6/8/2005	\$	123 85	
Seattle	8/18/2005	<u>s</u>	63 00	
Subtotal		\$	186 85	
Hotel Expenses Paid by Trust				
Las Vegas 2/05		\$	200 56	
Reno 5/05		\$	103 04	
Subtotal		\$	303 60	
Total				\$ 490 45